

gretted that Dr. McCormack did not have at hand the data to confound these gentlemen and support his statement, which, as the JOURNAL has more than once proved, was absolutely correct. It is unfortunate that we have not the space to publish Dr. McCormack's paper in full, as well as that of Dr. Solomon Solis-Cohen, as they both ring true. That there have been mistakes made on both sides, and that all the right is with neither the physician nor the pharmacist, this JOURNAL has repeatedly pointed out. Indeed, memory fails to recall any publication in this country, medical or pharmaceutical, that has more energetically pointed out the ways in which physicians have been led into doing injury to the pharmacist, than has your own STATE JOURNAL. It is a lot better to work together in peace and harmony than to be eternally at loggerheads, and as we have all made mistakes, let us not waste time in abusing each other—the task of the pot calling the kettle black is neither entertaining nor cleanly—but let us try and “get together” and do away with the objectionable things in both camps. Let the physician enlighten himself on the subject of materia medica and cease from being led into ordering every new and foolish thing that comes along, thus burdening the pharmacist unnecessarily; let him use intelligence in prescribing and thus encourage the pharmacist in compounding and permitting him a decent profit on his prescriptions. The Council on Pharmacy and Chemistry is printing very edifying reports that should be carefully studied by us all to the end that we learn how useless are many of the “ready made” medicines we have been coaxed into using—to the detriment, professional and financial, of the pharmacist. And let the pharmacist cease from counter prescribing and holding himself out as a genito-urinary specialist; let him quit the highly undignified course endorsed by the N. A. R. D. of “pushing” any old “patent medicine” that he can buy for \$8.00 a dozen and sell for \$1.00 a package. Let us each try to clean up our own premises and thus make good use of the energy we would otherwise employ hammering the other.

Elsewhere we publish some remarks from Mr. Alpers, of New York. Hr. Alpers thinks he has been sadly injured by this JOURNAL and we feel somewhat sorry for Mr. Alpers, who for some years has been one of the leading pharmacists of New York City, and a very distinguished member of the American Pharmaceutical Association. He was interested in the chemistry of guaiacol derivatives and a few years ago developed one which he called “triacol” (Alpers). This was exploited to the medical profession by a company formed, presumably, for that purpose, and was found to have some merit, we believe. In the JOURNAL for September, 1906, we called attention to an advertisement of “triacol (Alpers)” that appeared in the current number of *Ainslee's* magazine and which was pretty rank; an out and out “patent medicine” advertisement. Our article was reprinted by the *Journal A. M. A.* and subsequently included in the

booklet gotten out by the Association. Mr. Alpers says he has been injured financially as a consequence, for many of the leading physicians of New York withdrew their patronage from his store. As a further injurious result of our article, he stated that objection had been raised to his holding the office of president of the New York Branch of the American Pharmaceutical Association. He says that he has no control of the Alpers Chemical Company, which promotes “triacol (Alpers),” yet he is a stockholder and a director in it. He presumably permits his name to be used in the title of the company and in connection with the remedy, yet did not know, according to his statement, that the name and the remedy had been exploited exactly as any other “patent medicine,” as witness the following quotations from the *Ainslee* ad: “*Interesting booklet sent on request, telling what triacol (Alpers) has done and is doing in the cure of coughs, bronchitis, etc.*” * * * *At all department stores and druggists. Price \$1.00, express prepaid.*” The JOURNAL feels sorry for the fact that Mr. Alpers has been injured in his good name and in his purse, but it fails to see how he can blame anyone but himself, or his business associates whose commercial activity permitted the use of a name which had, for so many years, been highly honored in the councils of the American Pharmaceutical Association and amongst pharmacists generally. It is unfortunate that such things should occur; very unfortunate both for medicine and for pharmacy. But if they were ignored, how much greater would be the misfortune, for how many more such instances would we see?

What shall we do—what can we do—if we see our community threatened by some epidemic and the threat made more portentous by the wilful blindness, or worse, the SLUMBER OR WORK? would-be political jugglery of those who have been elected to govern it, our supervisors, councilmen, etc? Well, there are several things we can do. We may sit complacently and smile the inward smile of conscious virtue and wisdom and let things take their course, afterward getting the inane “I told you so” out of the system. Or we may slumber peacefully, in the slumber that is so near to death that we won't know when we really *are* dead, and mutter in our sleep that “politics is dirty” and that we shall have none of it; it is not ours to govern the community. Or we can do something a little more intelligent and manly; we can demand—not ask—that rectitude and common sense rather than trickery and peanut-politics guide our governors in safeguarding the public. We have had two excellent examples of this latter spirit in this state very recently. A good live committee of the San Francisco County Medical Society was, let us say to a small extent, instrumental in securing the retirement of the old and inefficient Board of Health and the appointment of a reliable board. Still more recently, the JOURNAL is advised, it came to the attention of the local County Medical Association, that some of the health inspectors of Los Angeles were to be removed—pos-

sibly for some occult political deal. The County Association thereupon put itself on record most emphatically (see report of their last meeting), and appointed a committee to wait upon the council and tell the distinguished councillors what the medical profession thought of the matter. As a result, not only were the removals *not* made, but an extra appropriation of some \$20,000 was made for emergency work, cleaning up, rat killing, etc. Which strikes you as the better course: to slumber along and allow the community to suffer as a result of petty greed for political influence or dirty dollars, or to take an active and intelligent interest in "the science or art of government" and see that those who guide the community in which you live shall properly *guard* it as well?

PLAGUE IN SAN FRANCISCO.

As previously noted in these columns, bubonic plague has existed in San Francisco since May 27, 1907. Up to October 29, 1907, the report is as follows: Total cases verified to date, 78; deaths, 50; discharged as cured, 19; remaining, 9.

The work of plague eradication is being actively carried on by Passed Assistant Surgeon Rupert Blue, U. S. P. H. & M. H. S., assisted by Passed Assistant Surgeon W. C. Rucker, Executive Officer; H. A. Stansfield, bacteriologist, and Passed Assistant Surgeons Carroll Fox, C. W. Vogel, R. H. Creel, Assistant Surgeon J. R. Hurley, Acting Assistant Surgeons Bruce Ffoulkes, J. L. Howard, L. S. Schmitt, P. M. Thomas, G. A. Weyer, C. H. Woolsey, G. M. Converse, and Doctors H. H. Hopkins and A. D. Prentice as district commanders.

Already the anti-pest measures seem to be bearing fruit, as the number of cases is gradually diminishing and the disease is not so scattering as formerly. The recent cases have come from the refugee camp near Lobos Square.

Dr. Blue is carrying on a splendid campaign. A sanitary survey is being made of the entire city, rat poisons are being freely distributed and about 1,000 rats a day are being trapped.

Passed Assistant Surgeon J. D. Long has been assigned charge of the Oakland work under Doctor Blue. Four positive and five suspicious cases have occurred there. Dr. Blue has instituted the same measures in Oakland as in San Francisco, with good results.

PLAGUE.*

By WM. SIMPSON, M. D., San Jose.

In all epidemics it has been found that even skilled physicians fail to recognize the disease, mistaking it for common carbuncle, infection of the lymph glands, typhus, intermittent fever, or anthrax. The disease attacks persons of all ages and social conditions and both sexes.

The ordinary clinical and pathological features of the disease are now well known; it constitutes a symptom-codex, notably in the bubonic form, that affords little difficulty of diagnosis. The appearance of fever, associated with painful glandular enlargements in the groin, axilla, neck or region of the epitrochlear gland, after a period of incubation lasting variously from three to nine days, with

severe headache, nausea and vomiting at the outset, roughly indicates the cardinal symptoms of typical bubonic plague. The fever varies between 103° and 105° F., but often rises as high as 108° F. During convalescence the fever falls by lysis usually, by crisis rarely.

The condition of declared illness is preceded by warning symptoms, sometimes of an hour's and sometimes of a day's duration. These are pallor, depression, pains, headache, thirst, loss of appetite. The onset of the disease is frequently sudden, with sharp, burning, or dull pains on the spot on which later the glandular inflammation, or carbuncle, or the pneumonic manifestation appears. This is followed by a sensation of cold, culminating in a severe, shaking chill, succeeded by fever. The fever may last an hour or a day before the local symptoms appear.

The onset of the disease is almost invariably accompanied by a feeling of dizziness in the head. This may increase to a painful roaring accompanied by indications of great weakness and failing power to control the limbs. Nausea and vomiting frequently accompany this condition, and not infrequently weakness of heart to the point of collapse.

When the patient comes into the physician's hands, the disease is usually well developed. The staring gaze, the bloated, languid, and expressionless face, the injected cornea, the thick, stammering speech, the uncertain gait, give the patient the aspect of a drunken man. This appearance is heightened by the outbreak of bloody boils. The tongue is red and lumpy or else coated with white. The skin is generally hot and burning, especially about the face and trunk, while the pulseless limbs are cold and covered with a slimy sweat.

The breathing is painful and labored, the heart action weak, the arteries are relaxed, the pulse of the radials is dicrotic and approaches extinction, while the heart action is still good.

After taking to his bed the patient lies in a condition of great weakness and tendency to sleep, murmuring softly and disconnectedly, or throws himself about restlessly, talking deliriously, imagining that he must return to his home or his business, or quench his thirst, and he will try to escape if his attendants do not hold him down in bed.

In glandular or bubonic plague the most frequent form of the disease is characterized by the appearance of a bubo, which, sooner or later and to a greater or less degree, develops into an inflamed swelling and affects the surrounding tissues. Any external lymph gland may be the first seat of the disease. In most cases the bubo appears in the region of the thigh or groin, frequently under the arm, or, especially in children, on the neck. In isolated cases the buboes appear on the back of the head, at the elbow joint, the knee caps, the outer or inner ear glands, the hyoid bone, etc.

Pneumonic plague, which is the prevailing form in some plague epidemics, generally follows the course of an ordinary violent catarrhal or croupous pneumonia. When the general symptoms are very severe there may be difficulty in differentiating it

*Read before the Santa Clara County Medical Society, October 16, 1907.